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Office Use Only

G. MCLEOD

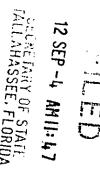
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
	by Treatment Centers LLC	
Nume of Emilie	a Emonity Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Olivia Holmes		
Name of Person		
Beachway Therapy Treatment Centers I	<u>LLC </u>	
1 min Company		
705 Dead May 00% D		
705 Bond Way Suite B		
·		
Delray Basel El 22492		
Delray Beach FL 33483 City/State and Zip Code		
5.1,7 S.11.5 2.1,7 S.2.1		
Olivia@heachwaytherapycenter.com		
Olivia@beachwaytherapycenter.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Olivia Holmes at (561) 251-8582	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	√ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company:Beachway	Therapy Treatment Centers LLC
2.	(a) Principal office address of limited liability company	: 705 Bond Way Suite B
	(Note: MUST BE STREET ADDRESS)	Delray Beach FL 33483
	(b) Mailing address of limited liability company:	705 Bond Way Suite B
	(Note: MAY BE POST OFFICE BOX)	Delray Beach FL 33483
	08/08/2011	L11000090847
3.		Document number
5.	(a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	Olivia Holmes
	Registered Office Address:	17386 Via Capri East Boca Raton FL 33496
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	12 SEP -
	NEW Registered Agent: NEW Registered Office Address:	77 (7)
	(MUST BE FLORIDA STREET ADDRESS)	705 Bond Way Suite B 完全) Delray Beach
and lial of or	the limited liability company is not organized under the lanfirmed that after the change or changes are made, the Fled the business office of the registered agent will be identibility company, lit is hereby confirmed that the change(s) the members of the limited liability company or as otherwise or the operating agreement of the limited liability company. The operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Pri	Olivia Holmies nted or typed name of signee	1
	hereby accept the appointment as registered agent and as mply with the provisions of all statutes relative to the pro d I am familiar with and accept the obligations of my pos apter 6DB, F.S. Or, if this document is being filed to mer dress, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent